

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO. 09/556503	FILING DATE			
							APPLICANT(S)				
CLAIMS											
AS FILED		1ST EXTENDED AMENDMENT		2ND EXTENDED AMENDMENT							
IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	
1							51				
2							52				
3							53				
4							54				
5							55				
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43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND		4				TOTAL IND					
TOTAL DEP		22				TOTAL DEP					
TOTAL CLAIMS		26				TOTAL CLAIMS					